

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/046433 -	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1				1			151				1		
10 2				1			152				1		
10 3			1				153				1		
10 4			1				154				1		
10 5				1			155				1		
10 6				1			156				1		
10 7				1			157				1		
10 8				1			158				1		
10 9				1			159				1		
10 10				1			60						
10 11				1			61						
10 12				1			62						
10 13				1			63						
10 14				1			64						
10 15				1			65						
10 16				1			66						
10 17				1			67						
10 18				1			68						
10 19				1			69						
10 20				1			70						
10 21				1			71						
10 22				1			72						
10 23				1			73						
10 24				1			74						
10 25				1			75						
10 26				1			76						
10 27				1			77						
10 28				1			78						
10 29				1			79						
10 30				1			80						
10 31			1				81						
10 32			1				82						
10 33				1			83						
10 34				1			84						
10 35				1			85						
10 36				1			86						
10 37				1			87						
10 38				1			88						
10 39				1			89						
10 40				1			90						
10 41				1			91						
10 42				1			92						
10 43				1			93						
10 44				1			94						
10 45			1				95						
10 46				1			96						
10 47				1			97						
10 48				1			98						
10 49				1			99						
10 50				1			100						
TOTAL IND.							TOTAL IND.			6			
TOTAL DEP.							TOTAL DEP.			75			
TOTAL CLAIMS							TOTAL CLAIMS			81			

# CLAIMS ONLY

SERIAL NO.

10646433

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS